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24573 7590 02/18/2004

**BELL, BOYD & LLOYD, LLC
PO BOX 1135
CHICAGO, IL 60690-1135**

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Renee Street	(Depositor's name)
<i>[Signature]</i>	(Signature)
May 17, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/786,855	03/09/2001	Shoichiro Matsuo	113197-006	7937

TITLE OF INVENTION: DISPERSION SHIFTED OPTICAL FIBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOONEY, MICHAEL P	2877	385-123000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Bell Boyd & Lloyd LLC
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fujikura Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee
☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

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Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *[Signature]* (Date) **05/17/04**
Michael S. Leonard (Reg. No. 37,557)

05/21/2004 MAHME2 00000126 09786855

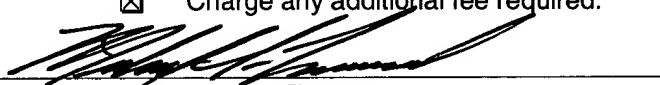
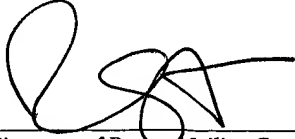
**01 FC:1501 1330.00 OP
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.**

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TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (37 C.F.R. 1.311) MAY 20 2004				Docket No. 113197-006	
Applicant(s) Matsuo, S., et al.					
Serial No. 09/786,855	Filing Date March 9, 2001	Examiner Michael P. Mooney	Group Art Unit 2877	Confirmation No. 7937	
Invention: DISPERSION SHIFTED OPTICAL FIBER					
<p style="text-align: center;">Mail Stop Issue Fee TO THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith are the following for the above-identified application.</p> <p><input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85</p> <p><input checked="" type="checkbox"/> Utility Fee: \$ 1330.00 <input type="checkbox"/> Design Fee: <input type="checkbox"/> Plant Fee:</p> <p><input type="checkbox"/> Publication Fee:</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1,336.00 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-1818 as described below.</p> <p><input type="checkbox"/> Charge the amount of</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p> Signature</p> <p>Dated: May 17, 2004</p> <p>Michael S. Leonard (Reg. No. 37,557) Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Tel: 312/807-4270 Fax: 312/827-8185</p>					
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